## COVID-19 Vaccine Unused Doses Report Form

West Virginia Division of Immunization Services Phone 800-642-3634

Date:			Pin Number:				
Provider Name:							
Phone #:		Fax # _					
Contact Person:							
1. Pfi. 2. Ex 3. Na 4. Re 5. Re 6. Fa 7. Va 8. Me	e Reason Codes: izer vial provided 5 doses or fewer spired atural Disaster/power outage efrigerator temperature too warm efrigerator temperature too cold silure to store properly upon receipt accine spoiled in transit echanical Failure tooiled ther		Explanation of 10 - Other, if applicable				

## PLEASE PRINT CLEARLY

Wastage Code	Doses	Manufacturer	Lot #	Expiration Date

Please email the completed copy of this form <a href="mailto:COVIDVaccinationprog@wv.gov">COVIDVaccinationprog@wv.gov</a>. Providers are responsible for disposing of vaccines in accordance with West Virginia Infectious Medical Waste Rule 64CSR56

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